

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name Costa Mesa Sanitary District			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Noelani Middenway, District Clerk			
Area Code/Phone Number 949-645-8400	E-mail nmiddenway@cmsdca.gov	Page <u>1</u> of <u>1</u>	Date Posted: January 12, 2015 (Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
OCSD Board of Directors	▶ Name <u>Ferryman, James</u> (Last, First) Alternate, if any <u>Ooten, Robert</u> (Last, First)	▶ <u>12 / 18 / 14</u> Appt Date ▶ <u>2 Years</u> Length of Term	▶ Per Meeting: \$ <u>212.50</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
OCSD Administration Committee	▶ Name <u>Ferryman, James</u> (Last, First) Alternate, if any _____ (Last, First)	▶ <u>12 / 18 / 14</u> Appt Date ▶ <u>2 Years</u> Length of Term	▶ Per Meeting: \$ <u>212.50</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
OCSD Ground Water Replenishment System Joint Cooperative Steering Committee (GWRS)	▶ Name <u>Ferryman, James</u> (Last, First) Alternate, if any _____ (Last, First)	▶ <u>12 / 18 / 14</u> Appt Date ▶ <u>2 Years</u> Length of Term	▶ Per Meeting: \$ <u>212.50</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
	▶ Name _____ (Last, First) Alternate, if any _____ (Last, First)	▶ ____ / ____ / ____ Appt Date ▶ _____ Length of Term	▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other

3. Verification

I have read and understand FPPC Regulation 18705.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Comment: _____